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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718325 (4)

1. Corporation Name

BLAIR HOUSE SOUTH - A CONDOMINIUM, INC.



Principal Place of Business

9100 W BAY HARBOR DRIVE  
BAY HARBOR ISLAND FL 33154

Mailing Address

9100 W BAY HARBOR DR  
BAY HARBOR ISLAND FL 33154-3802  
US

2. Principal Place of Business

21 9100 W Bay Harbor Dr  
Suite, Apt. #, etc.

2a. Mailing Address

26 9100 W Bay Harbor Dr  
Suite, Apt. #, etc.

22 City & State

23 Bay Harbor Isl. Fl.

27 City & State

28 Bay Harbor Isl. Fl.

24 Zip 33154

29 Zip

30 DADE

3. Date Incorporated or Qualified  
03/20/1970

3a. Date of Last Report  
04/16/1996

4. FEI Number  
59-1379288

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEARNS, MYRTLE  
9100 W. BAY HARBOR DRIVE  
BAY HARBOR ISLANDS FL 33154

81 Name Myrtle W. Stearns

82 Street Address (P.O. Box Number is Not Acceptable)  
9100 W. Bay Harbor Dr

83

84 Bay Harbor Islands FL 33154

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Myrtle W. Stearns

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHMAELING, RICHARD  
STREET ADDRESS 9100 W BAY HARBOR DRIVE 10CE  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE VPD  
NAME GOLDBERG, DAVID S  
STREET ADDRESS 9100 W BAY HARBOR DRIVE 5AW  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE D  
NAME QUINLAN, TERRY  
STREET ADDRESS 9100 W BAY HARBOR DRIVE  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE T  
NAME LEPOUREAU, PIERRE L  
STREET ADDRESS 9102 W. BAY HARBOR DR  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33145

TITLE S  
NAME OSIAS, BETTY  
STREET ADDRESS 9100 W BAY HARBOR DRIVE 5DW  
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Silvia Muskat  
1.3 STREET ADDRESS 9100 W. Bay Harbor Dr  
1.4 CITY-ST-ZIP Bay Harbor Islands, Fla 33154

2.1 TITLE VP  
2.2 NAME Nancy Brail  
2.3 STREET ADDRESS 9100 W. Bay Harbor Dr  
2.4 CITY-ST-ZIP Bay Harbor Islands, Fla 33154

3.1 TITLE Secretary/Treasurer  
3.2 NAME Kyla Rabin  
3.3 STREET ADDRESS 9100 W. Bay Harbor Dr  
3.4 CITY-ST-ZIP Bay Harbor Islands, Fla 33154

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 9100 W Bay Harbor Dr  
4.4 CITY-ST-ZIP B H Isl 33154

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Silvia Muskat

4/10/97

305-865-0451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0030847

CR2E037 (9/96)